PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| | | | ective Dec | | 70/ | ر ' | 2194 | | | | | |
|---|--|--|-------------------|--------------------------------|--------------|-------------------------|------|---|------------------------|----|----------------------------|------------------------|
| | | CLAIMS A | S FILED - | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
| U.S. | NATIONAL S | TAGE FEES | | • | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | 1 | BASIC FEE | | OR | BASIC FEE | 380 |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEÉ | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | mir | nus 100 = | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 19/4 m | inus 20 = | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 5 | ninus 3 = | . 2 | | | X \$ 100 = | | OR | X \$ 200 = | 400 |
| MUL | TIPLE DEPEND | DENT CLAIM PRI | SENT | | | | | + \$ 180 = | | OR | + \$ 360 = | 360 |
| * If | the difference | in column 1 is | less than zer | o, enter "(|)" in co | lumn 2 | | TOTAL | | OR | TOTAL | 1660 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | IEST BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| * | If the entry in colu | umn 1 is less than th umber Previously Pa | e entry in columi | n 2, write "0" SPACE is les | in column | n 3. 0', enter "20". | | | | | | |

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.